

East Bay Interagency Alliance (EBIA)

COMMON APPLICATION for LOCAL CERTIFICATION

Alameda County – Alameda County Transportation Improvement Authority – City of Oakland – Port of Oakland

Submittal Date: _____

Check Certifying Agency below and click link to download Supplemental:

- ☐ Alameda County – No supplemental required
- ☐ Alameda County Transportation Improvement Authority – Complete [Supplemental B](#)
- ☐ City of Oakland – Complete [Supplemental C](#)
- ☐ Port of Oakland – Complete [Supplemental D](#)
- ☐ All the above

The Common Application is a sharing of information between agencies and NOT a reciprocal certification.

1) Contact Information

Legal Name of Entity		Contact Person (Name & Title)	
Street Address of Entity (No P.O. Box)			
City		State	Zip Code
Telephone ()		Fax # ()	Cell# ()
Email Address		Web Site	

2) Company Profile

Primary Service undertaken/offered:		Specialty Service undertaken/offered:	
Date Entity was established (mm/dd/yr)	Does the entity have one or more additional offices outside the city of Oakland, CA? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, list other location(s)	Date Oakland office was established (mm/dd/yr)	
Method of Acquisition <input type="checkbox"/> New <input type="checkbox"/> Purchased existing <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Inherited <input type="checkbox"/> Other (explain)		Federal ID Number:	
Has this entity operated under a different name during the past five years? <input type="checkbox"/>			
Type of Firm <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Publicly traded entity <input type="checkbox"/> Non-Profit or Church <input type="checkbox"/> Other _____		Ethnicity Group of owners(s) that own greater than 50% of the business. (for tracking purposes only) <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific /Hawaiian <input type="checkbox"/> Multi ethnic ownership <input type="checkbox"/> Asian Indian <input type="checkbox"/> Multi ethnic minority ownership <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____ <input type="checkbox"/> Filipino Gender (for tracking purposes only) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Gross Receipts for the last three recent fiscal years: Please attach copies of appropriate tax returns: (e.g. Form 990, Form 1040, Form 1120, etc)		Year Ended _____ Year Ended _____ Year Ended _____	Total Receipts \$ _____ Total Receipts \$ _____ Total Receipts \$ _____

2) Company Profile: (Continue)

Number of Employees at the local office Permanent Full time ____ Permanent Part time ____	Temporary Full Time ____ Temporary Part Time ____	Seasonal Full Time ____ Seasonal Part Time ____
TOTAL Number of Employees at all locations. Permanent Full time ____ Permanent Part time ____	Temporary Full Time ____ Temporary Part Time ____	Seasonal Full Time ____ Seasonal Part Time ____

3) Certifications:

Name of Issuing Authority	Type	Number	Expiration Date
City / County Business Tax Certificate			
Internal Revenue Service (required) – If your firm is a Non-Profit, submit the Letter of Determination of Not For Profit Status.			
State of CA /CUCP Certification for DBE/ACDBE firm			
State of CA /SBA Certification for Small firm			
Other Certification			
Other Certification			
Other Certification			

4) Professional Licenses, Permits and/or Certificates (e.g. contractor, architect, engineer, etc. – list all that apply - attach copies. List on a separate page if additional space is needed)

Name of Issuing Authority	Type	Number	Expiration Date
State of CA Contractor's License Board – Contractor's License:			
State of CA Professional Service License or Permit:			
State of CA Service Provider License or Permit:			
Other:			
Other:			

5) NAICS Codes: Please review the NAICS¹ listing of work codes and indicate below your areas of expertise ranked in order of importance (begin with primary and specialty areas as indicated in the Company Profile section) NAICS Codes can be found at: <http://www.naics.com/search.htm> & <http://www.census.gov/epcd/naics02/>. Add separate sheet for additional NAICS codes if needed.

NAICS Code	Description of Work

6) Additional Information:

Are you a Trucking Firm? ☐ Yes ☐ No Are you a Truck Broker? ☐ Yes ☐ No Both? ☐ Yes ☐ No
 A supplier? ☐ Yes ☐ No

7) **When submitting this application to any of the checked Certification Taskforce members, I consent to the sharing of information contained herein and declare under penalty of perjury that all statements made in this Application are true and correct :** ☐ Yes ☐ No

Signature _____

Date: _____

¹ North American Industry Classification System – www.naics.com



Supplemental



FACT SHEET

Certification Standards for Local Business Contract Equity Program

Business Classifications and Size Thresholds:

Local Business Enterprise (LBE)	Small Local Business Enterprise (SLBE)	Very Small Local Business Enterprise (VSLBE)
No Size Threshold	Professional Services: <ul style="list-style-type: none"> \$5 million in revenue averaged over most recent three year period Construction Companies <ul style="list-style-type: none"> \$10 million in revenue averaged over most recent three year period 	\$2 million in revenue averaged over most recent three year period

LBE/SLBE/VSLBE Certification Standards:

- The business must be located at a fixed commercial or residential address which constitutes a business location and where administrative, clerical, professional or productive work is being performed, relative to its contracts, and not a temporary or movable office, a post office box or a telephone answering service;
- A business which has an office outside of Alameda County in addition to an office within the County, must staff the Alameda County office with someone who is permanent, full-time, and in the employ of the business;
- The location of the business must have been within Alameda County for at least one (1) year prior to the award date;
- The business must have a valid business license or tax certificate from an Alameda County city or Alameda County dated at least one (1) year prior to the award date;
- The business must have proof of one or more past contracts citing the business address (such as contracts to perform work, to rent space or equipment, or for other business services);
- The business shall be considered *bona fide* if the owner(s) interests is real and continuing and not created merely for the purpose of meeting the objectives of the Authority's LBCE Program;
- The business may not act as a passive conduit without contributing an added value or actual portion of the work awarded.



Supplemental

Local Business Contract Equity Program Questionnaire

Please check one or more of the following certification types.

☐ Local Business Enterprise ☐ Small Local Business Enterprise ☐ Very Small Local Business Enterprise

Is certification related to an upcoming project? Yes ☐ No ☐

If yes, please supply project name and bid date: _____

In addition to the Common Certification Application submit the following documents:

1. Current Business license or current Business Tax Certificate
2. Lease or proof of ownership of real property for business location
3. A signed equipment rental/purchase agreement or a contract to provide goods or services reflecting the local business address
4. Proof of business income in the form of one of the following for the previous three years:

SLBE and VSLBE Applicants Must Submit One of the Corresponding Set of Documents

Sole Proprietorship

Federal Tax Form 1040, including Schedule C

Partnership

Federal Tax Form 1065, including Schedule K

Corporations

Financial statement for the corporation
Federal Tax Form 1120S, including Schedule E
Federal Tax Form 4562

AFFIDAVIT

I, the undersigned, upon oath do hereby declare that I have read this application and all the information submitted, including information separately attached, is true, correct and complete to the best of my knowledge and belief. I am an owner of:

Name of Business _____

for which this application is made. I authorize the Alameda County Transportation Improvement Authority to investigate records of this business as necessary for making a determination as to whether certification should be granted. I AGREE TO PROMPTLY NOTIFY THE ALAMEDA COUNTY TRANSPORTATION IMPROVEMENT AUTHORITY OF ALL CHANGES AFFECTING THE INFORMATION SUBMITTED ON OR WITH THIS APPLICATION. I understand that submission of untruthful or misleading answers or failure to notify the Authority promptly of changes in location of this business are grounds for denial of certification, or may result in de-certification.

To be signed by an owner and officer of the business:

Signature Title

Printed Name Date Signed

NOTARY ACKNOWLEDGEMENT

On this day of _____, 20____, before me appeared (applicant name) to me personally known or who has demonstrated adequate evidence of identification, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized by (name of business) to execute the affidavit and did so as his/her free act and deed.

Seal

B



Notary Public